MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

APPLICATION FOR AUTHORITY TO SELF-INSURE

P.O. Box 58
3315 W. Truman Blvd.
Jefferson City, MO 65102-0058

(TO BE EXECUTED AND SWORN TO IN TRIPLICATE)
ALL INFORMATION CALLED FOR ON APPLICATION MUST BE IN TYPEWRITTEN FORM

The undersigned (thereinafter referred to as the Applicant) hereby makes application to carry his/its own liability without insurance as provided in the Missouri Workers' Compensation Law. In connection with such application he/it makes the following declaration for the purpose of enabling the Division of Workers' Compensation to determine whether he/it possesses sufficient financial ability to render certain the payment of compensation which his/its employees and their dependents may be entitled to under the Missouri Workers' Compensation Law.

Applicant hereby agrees that if this application be approved, such approval shall be subject to his/its furnishing such security as may be required by the Division of Workers' Compensation. Applicant further agrees to abide by all of the provisions of the Missouri Workers' Compensation Law and by the rules governing self-insurers under said law.

1. NAME OF APPLICANT (IF A CORPORATION IS ORGANIZED UNDER THE LAWS OF A STATE OTHER THAN MISSOURI, A CERTIFIED COPY OF CERTIFICATE OF AUTHORITY TO DO BUSINESS IN MISSOURI SHOULD ACCOMPANY THE APPLICATION.)

2. ADDRESS (PRINCIPLE OFFICE)

CITY	STATE	ZIP CODE

TELEPHONE NUMBER

ADDRESS (MISSOURI OFFICE)

CITY	STATE	ZIP CODE

TELEPHONE NUMBER

3. NATURE OF BUSINESS

A. DESCRIBE BRIEFLY THE GENERAL CHARACTER OF THE OPERATIONS PERFORMED AND THE ARTICLES MANUFACTURED OR COMPOUNDED AT THE PLANT OR ON THE PREMISES OF THE EMPLOYER.

B. DESCRIBE BRIEFLY ALL CLASSES OF WORK PERFORMED AWAY FROM THE EMPLOYER'S PLANT OR PREMISES, INCLUDING THE DEMONSTRATION, IF ANY, OF THE EMPLOYER'S PRODUCT AND ALL GENERAL OPERATIONS OF CONSTRUCTION, INSTALLATION OR EXCAVATION.

4. PARENT COMPANY NAME

5. PARENT COMPANY ADDRESS

6. STATE WHERE INCORPORATED

7. NAME AND ADDRESS OF EXCESS INSURANCE CARRIER

8. WHAT COMPANY NOW IS CARRYING YOUR COMPENSATION INSURANCE?

9. TOTAL WORKERS' COMPENSATION PAID IN PAST YEAR?

INSURANCE MODIFICATION FACTOR

10. DESCRIBE FULLY IN AN ATTACHED STATEMENT THE SAFETY ORGANIZATION MAINTAINED WITHIN YOUR FIRM FOR THE PREVENTION OF ACCIDENTS AS WELL AS A DESCRIPTION OF THE ADMINISTRATIVE ORGANIZATION MAINTAINED TO HANDLE WORKERS' COMPENSATION MATTERS. INCLUDE THE REPORTING OF INJURIES, AUTHORIZATION OF MEDICAL CARE, PAYMENT OF COMPENSATION, AND THE HANDLING OF CLAIMS FOR COMPENSATION, TOGETHER WITH THE NAME AND ADDRESS OF EACH SUCH OFFICE AND THE QUALIFICATIONS OF THE PERSONNEL IN EACH OFFICE TO PERFORM THIS SERVICE.

11. DATE YOU WISH AUTHORITY TO BECOME EFFECTIVE

13. CLASSIFICATIONS AND PAYROLL IN MISSOURI

12. LOCATION OF FACTORIES, OFFICES, OR OTHER WORKPLACES IN STATE OF MISSOURI, AND NUMBER OF EMPLOYEES ENGAGED IN EACH PLACE.

PLANT LOCATION	NO. OF EMPLOYEES	CLASSIFICATION CODE NUMBER - IF KNOWN, & DESCRIPTION OF JOB (EXAMPLE)	CLASS CODE	AVERAGE NUMBER OF EMPLOYEES	ESTIMATED PAYROLL OF EMPLOYEES FOR ONE YEAR - THE TWELVE MONTHS PRECEDING DATE OF APPLICATION. THIS PAYROLL SHALL INCLUDE ALL EMPLOYEES.
		CLERICAL DRIVERS OUTSIDE SALES	8810 7380 8742		
TOTAL		**TOTAL**			

GO TO PAGE 3: (REMAINDER OF THIS PAGE FOR DIVISION USE ONLY)

APPLICATION GRANTED ON CONDITION THAT THE APPLICANT FILE ESCROW AGREEMENT AND DEPOSIT SECURITIES OR CASH IN THE AMOUNT OF $_____ OR PROVIDE SURETY BOND IN THE PRINCIPLE SUM OF $_____. SELF-INSURANCE AUTHORITY WILL BECOME EFFECTIVE AS OF DATE APPROVED SECURITY, IN THE AMOUNT REQUIRED, IS FILED AT THE OFFICE OF THE DIVISION IN JEFFERSON CITY.

ESCROW AGREEMENT FILED (DATE) _____, SHOWING SECURITIES OR CASH IN THE AMOUNT OF $_____ DEPOSITED IN ESCROW IN THE (NAME OF BANK) _____ OF (ADDRESS OF BANK) _____

SURETY BOND FOR $	DATE EFFECTIVE	NAME OF SURETY COMPANY	SELF-INSURANCE AUTHORITY EFFECTIVE ON (DATE)
AUTHORITY APPROVED: SIGNATURE (DIVISION OF WORKERS' COMPENSATION)			DATE

FINANCIAL STATEMENT

NOTE THE DIVISION REQUIRES THAT ALL ITEMS LISTED BELOW BE COMPLETED.

CONFIDENTIAL REPORT MADE TO THE DIVISION OF WORKERS' COMPENSATION FOR THE PURPOSE OF SHOWING FINANCIAL ABILITY TO PAY COMPENSATION THIS _____ DAY OF _____, _____.
DATE FISCAL YEAR ENDS:

1. NAME	2. ADDRESS

ASSETS

3. CURRENT ASSETS		
CASH ON HAND AND ON DEPOSIT		$
NOTES RECEIVABLE	$	
LESS NOTES RECEIVABLE DISCOUNTED	$	$
ACCOUNTS RECEIVABLE	$	
LESS RESERVE FOR DOUBTFUL ACCOUNT	$	$
INVENTORIES (ITEMIZED)		
		$
OTHER CURRENT ASSETS (ITEMIZED)		
TOTAL CURRENT ASSETS		$
4. INVESTMENTS (DESCRIBE FULLY) (SECURITIES OF SUBSIDIARY OR AFFILIATED COMPANIES SHOULD BE LISTED SEPARATELY)		
		$
5. SINKING FUNDS AND OTHER FUNDS		
		$
6. FIXED ASSETS (DEPRECIATION RESERVES TO BE SHOWN SEPARATELY)		
TOTAL FIXED ASSETS		$
7. DEFERRED CHANGES		
		$
8. **TOTAL ASSETS**		$

LIABILITIES

9. CURRENT LIABILITIES - NOTES PAYABLE FOR MERCHANDISE	$	
FOR MONEY BORROWED	$	
	$	$
ACCOUNTS PAYABLE		$
OTHER CURRENT LIABILITIES (ITEMIZED)		
TOTAL OTHER LIABILITIES		$
TOTAL CURRENT LIABILITIES		$
10. FIXED LIABILITIES (DESCRIBE FULLY)		
TOTAL FIXED LIABILITIES		$

NET WORTH

11. (IF A CORPORATION) CAPITAL STOCK, ISSUED AND OUTSTANDING	
	$
SURPLUS (AVAILABLE FOR DIVIDENDS)	
	$
SURPLUS RESERVES	
	$
(IF AN INDIVIDUAL OR PARTNERSHIP) CAPITAL	$
UNDIVIDED PROFITS	$
12. **TOTAL LIABILITIES AND NET WORTH**	$

13. NAME BANKS IN WHICH COMPANY HAS ACCOUNTS _____

_____

14. (A) INSURANCE ON INVENTORIES	$
(B) INSURANCE ON PLANT	$

15. AMOUNT OF ANNUAL BUSINESS	16. NATURE OF BUSINESS	
17. WHEN INCORPORATED	UNDER LAWS OF WHAT STATE	18. IF NOT A CORP., WHEN ESTABLISHED?

19. DID YOU SUCCEED ANYONE ☐ YES ☐ NO (IF YES, WHOM)

NAMES OF OFFICERS	20. PRESIDENT	22. VICE-PRESIDENT
	21. TREASURER	23. SECRETARY

_____, being duly sworn, says that he/she is the _____ of the above-named applicant for leave to pay compensation for its/his/her self, pursuant to the Missouri Workers' Compensation Law; that he/she has carefully examined the foregoing statement and the facts therein set forth are true; that the applicant's assets are correctly set forth and there are no other liabilities against the applicant than those set forth therein.

_____
SIGNATURE

NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF	**USE RUBBER STAMP IN CLEAR AREA BELOW**
	NOTARY PUBLIC SIGNATURE / MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPE OR PRINTED)	

NOTE ▶ If the employer is a corporation, signature should be made and seal used according to the laws of Missouri and the official taking this acknowledgment is cautioned to see that it is properly taken. Do not omit official title of affiants, if corporation.